

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIAJuan Mitchell 050036

Full Name of Plaintiff

Inmate Number

v.

Civil No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Capt. J. Starola

Name of Defendant 1

☒ Demand for Jury Trial☐ No Jury Trial DemandCol Durst

Name of Defendant 2

Col McGary

Name of Defendant 3

Lt. Tyson

Name of Defendant 4

Capt. Shomin

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

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DEPUTY CLERK

## I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

**II. ADDRESSES AND INFORMATION****A. PLAINTIFF**Mitchell B. Tuman, E

Name (Last, First, MI)

QT-0036

Inmate Number

SCI-Rockview

Place of Confinement

1 Rockview Place Box A

Address

Bellefonte, PA 16823

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee  
☒ Convicted and sentenced state prisoner  
☐ Convicted and sentenced federal prisoner

**B. DEFENDANT(S)**

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Stavola J.

Name (Last, First)

Capt. / CO4

Current Job Title

301 Institute Drive

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

Defendant 2:

Durst

Name (Last, First)

COI

Current Job Title

301 Institute Drive

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

Defendant 3:

McGary

Name (Last, First)

COI

Current Job Title

301 Institute Drive

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

Defendant 4:

Tyson

Name (Last, First)

Lt. / CO3

Current Job Title

301 Institute Drive

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

Defendant 5:

Shamin

Name (Last, First)

Capt. / CO4

Current Job Title

301 Institute Drive

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

**III. STATEMENT OF FACTS**

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

SCI-Banner Township in the Psychiatric Observation Cell ("POC") / Level 5 Unit / Restricted housing unit ("RHU") on June 18, 2024 through the end of June into July

B. On what date did the events giving rise to your claim(s) occur?

On June 18, 2024 through the end of June into July

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

On June 18, 2024, I was placed in the RHU and then later the POC cell where I was undergoing a psychiatric evaluation on June 18, 2024. Then Capt. J. Stavola, COI McGary, COI Durst, and Lt. Tyson came to my cell in the morning and said "when we all come back we are going to beat the hell out of you." Then minutes later they came back and did that very thing and started to slam me into solid objects and then the RHU Door Post ~~which~~ which is made of solid metal and then they started to punch me several times and kept doing that till I started calling for my mom and they denied me medical care, a grievance, hygiene products, and deliberately threatened me repeatedly

**IV. LEGAL CLAIM(S)**

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

They violated my Eighth Amendment right from  
Cruel and unusual punishment and inadequate  
Health Care. Also Violated my First Amendment  
right to ~~petition~~ petition the Government for  
a redress of grievances. Violated my fourteenth  
Amendment of equal protection clause

**V. INJURY**

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Physical, Mental, Emotional Injury - Right Shoulder,  
Left ankles and multiple rashes

**VI. RELIEF**

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

Monetary Relief

**VII. SIGNATURE**

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Juwan Mitchell 05-0036

Signature of Plaintiff

march 16 2025

Date

SCI Forest  
Juvamithe 11  
ST-00316  
PO BOX 307 286 Woodland  
Drive Marietta GA 30067

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DEPUTY CLERK

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"Inmate Mail, PA DEPT. OF CORRECTIONS"

US Court House  
PO BOX 11148 235 North  
Main Avenue Scranton  
PA 18507

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